REPORT TO CITY CLERK SPECIAL DESIGNATED LICENSE APPLICATION

City Attorney	DATE 08/0701
Bureau of Fire Prevention	
Health Dept.	RETURN BY 8/15/01
CATERER X	NON-CATERER
APPLICANT: GEEMAX INC DBA N ZONE	
APPLICANT'S ADDRESS:728 1/2 Q STREET	
ADDRESS OR LOCATION OF PREMISES TO BE COVERED BY LICENS LOT	SE : 728 ½ Q STREET, PKG
DATE(S) OF EVENT: 8/25/01; 9/1/01; 9/8/01; 9/15/01; 10/6/01; 10/20/01; 1	0/27/01; 11/10/01
TIME(S) OF EVENT: 8 AM TO 1 AM	
TYPE OF ACTIVITY: OUTDOOR FOOD & BEVERAGE SERVICE	
DETAILS ON ATTACHED APPLICATION.	
RECOMMENDATION OF APPROVAL OR DI	ENIAL
APPROVED	
CONDITIONS TO'LL TO BE ALL OF A ARCA TO A CO	,
CONDITIONS TO'S TO BE Checked! BREA TO be Sepa by a Fence! Proper Security Provided! Remains	ig SOL'S Approver
by a fence; Proper Security Provided: Remaining Pending NO Liquor Law Vicintions. DENIED	ig SOL'S Approver
by a fence; Proper security Provided: Remaining Pending NO Liquor LAW VICIATIONS.	ig SOL'S Approvers
DENIED	ANTED FROM PUBLIC.

(If needed, use back for additional space)

(SDLRPT.JER)

Special Designated License Application Supplemental Form

to the beneat as a vehicle to
The Special Designated License process is not intended to be used as a vehicle to
expand the existing Ilcensed premise.
1 N-7 OVERFUW ARE
The Special Designated License process of the Event: Glenar MC. N-ZONE OVERFOW ARE Name of the Event: Glenax MC. N-ZONE OVERFOW ARE
Name of the Event: Olemax Mr. No. No. No. No. No. No. No. No. No. No
/ September Organization of Ferson (II suprices of August 1997)
Applicant and Sportschill MCCARN
Date of the Event: 8/25, 9/1, 9/8, 9/5 Time of the Event: 84.M- /A:M Has the applicant applied for, and received liquor liability insurance? Nives Inc. Has the applicant applied for, and received liquor liability insurance? Nives Inc.
Date of the Event: 6/45, 4/1, 4/8, //> Time of the Event.
10/6 - 10/20 s 10/27 2 1/10 parties incursors? Xives Inc
Has the socilicant applied for, and received liquor liability insurance that
Number of persons expected to attend:
hoverages containing
How will you ensure that minors will not be served of consumos with parent
How will you ensure that minors will not be served or consume beverage with parent) alcohol? MINORS NOT DEANAGE areas.
SECULITY At All entrance areas.
Will food be served? Eyes Ino If yes, please list food to be served: burgers / bra
Will food be served? Eyes Ino If yes, clease is tood to be
Will food be served? Sives Line II yes, provided the served of the serve
o Wiles Fire If yes, please list non-aiconoile
Will non-alcoholic beverages be served?
Will non-alcoholic beverages be served? Exest JUICE beverages to be served: UNATER SODA JUICE
exprising a cohol that will be served wine the
Please identify the beverages containing alcohol that will be served wine beer distilled spirits. Will this be a cash or complimentary bar? Scash Complimentary
Edistilled spirits Will this be a cash of company
Who will serve the beverages containing alcohol? Waned employees Lino Have the designated servers received responsible beverage service training?
Who will serve the beverages containing account be beverage service training?
Have the designated servers received respondent
Will there be a charge for admission? Tyes Tho
Will there be a charge for admission: (Large to admission)
In the last twelve months, have you received notice of a liquor law violation that occurred in the last twelve months, have you were the special designated licensee? Tyes Too
in the last twelve months, have you were the special designated licensee? Lives
If so, please explain

PLEASE TYPE OR PRINT APPLICANT MUST COMPLETE A' L SECTIONS OF THIS FORM

APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046, Lincoln NE 68509

777

A1-087256

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

All Applications must be received in the Commission Office 10 working days (excluding helidays) prior to the date of the event
Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
☐ LOCAL APPROVAL must be included with this application
A Signed Statement from Local Police Chief or County Sheriff (question #12)
I NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal
income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer
of the corporation declaring that the capy of the tax return is a true and correct copy as filed with the IRS
1. Type of Beverage(s) to be served: Beer Wine Distilled Spirits
2. Status of the Applicant (check one) Public
☐ Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Retail ☐ Service
Corporation Corporation Museum Corporation Corporation Corporation Licensee Corporation
3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number (City, State, County Number, Zip Code) And Class (Example C/K) CK 43717
728/2 Q ST LINCOLN, NE 6850E Lancaster County
4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
728 1/2 Q ST UNIOCN, NE Lancusker Co. 68506
5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? YES NO
6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
GERMAX INC. 728 1/2 Q ST LINCOLN, NE GOSOB N-ZONE
7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when
it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws
ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.
MIKE MCCARN CHERYL MCCARTY Fax: 475-8683
3. DATES) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
ug 25th, SEPT. 1 SEPT. 8th, SEPT. 15th, Oct. 6th, Oct. 20th, Act. 20th, Act. 20th
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:
WIV 10 Th
9. Time(s) of event (example 8am to 1am, this is considered one day)
FROM: BAM. TO: /AM
10. Describe the Type of Activity to be carried on during the time period for which the license is requested. OUTACOR FOOD CHEVERGE SELVICE
11. Provide an estimated number of attendees at this event 100-150. If the number of attendees is over 250 attach a separate page
indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.
12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER
IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY
ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR. ON FILE
13. List the number of SDL's that you have applied for at this specific location in the last six months.
The state of the s

CONTINUE ON BACK

14. Description of the premises: Inside Building Outdoor	Area /	· · · · · · · · · · · · · · · · · · ·
Dimensions of area to be covered by license: 68/2 x liquors will be sold and consumed. LENGTH 63/2 WI	DTH (In feet)	provided below, the area where
Swclair N-ZONE Hill: Assoc 728 Q ST	Sullivan Building	w + 1
If outdoor area, how will premises be separated from areas open to the		Other (if other, please explain)
15. Is the premises to be covered by the license located within the city	/village limits?	YES DNO
16. Is the premises to be covered by the license within 150 feet of any or for veterans, their wives or children? 17. Explain how alcoholic liquors will be purchased by the licensee. If	purchased from a retail licensee, please	give the name and license number
18. Will the premises to be covered by the license comply with all Nebr	Gerrax Inc. 4	13717 CK
18. Will the premises to be covered by the license comply with all Nebr	raska sanitation laws?	
19. Are there separate toilets for both men and women?		DYES DNO
20. Other information or requests by the applicant:		<u> </u>
21. Will there be any games of chance operating during the event? NOTICE: Only games of chance approved by the Department of R gambling are prohibited by State Law: There are no exceptions for Designated License under the Liquor Control Act and is not a gaz 22. I declare that I am the authorized representative of the above named	evenue, Charitable Gaming Division ar or Non Profit Organizations. This is ombling permit application. I license applicant and that the statement tion of my background including all reco	only an application for a Specie s made on this application are trued and of every kind including police
to the best of my knowledge and belief. I also consent to an investigate records. I agree to waive any rights or causes of action against the Net individual releasing said information to the Liquor Control Commission will not be used by any other person, group, organization or corporation directly responsible to the holder of this Special Designated License.	n or the Nebraska State Patrol. I further	declare that the license applied fo
records. I agree to waive any rights or causes of action against the Net individual releasing said information to the Liquor Control Commission will not be used by any other person, group, organization or corporation directly responsible to the holder of this Special Designated License. sign here	n or the Nebraska State Patrol. I further	declare that the license applied for vent will be supervised by person
records. I agree to waive any rights or causes of action against the Net individual releasing said information to the Liquor Control Commission will not be used by any other person, group, organization or corporation directly responsible to the holder of this Special Designated License.	n or the Nebraska State Patrol. I further of or profit or not for profit and that the e	declare that the license applied for vent will be supervised by persor
records. I agree to waive any rights or causes of action against the Net individual releasing said information to the Liquor Control Commission will not be used by any other person, group, organization or corporation directly responsible to the holder of this Special Designated License. sign here	n or the Nebraska State Patrol. I further of or profit or not for profit and that the e	declare that the license applied for vent will be supervised by person

the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.

A ten dzy advance period is requested in writing to produce the alternate format.

PLEASE TYPE OR PRINT APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046, Lincoln NE 68509

A1-087258 ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
☐ LOC 1 APPROVAL must be included with this application
☐ A Sign ed Statement from Local Police Chief or County Sheriff (question #12)
□ NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal
mecome taxes, or a copy of the corporation's federal income tax return, as filled with the IRS, or a statement (Page 3) stoned by an officer
of the corporation deciaring that the copy of the tax return is a true and correct copy as filed with the IRS
1. Type of Beverage(s) to be served: Beer Wine Distilled Spirits
2. Status of the Applicant (check one) Public
☐ Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Retail ☐ Service
Corporation Corporation Museum Corporation Corporation Corporation Licensee Corporation
3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number // (City, State, County Number, Zip Code) And Class (Example C/K)
Geemax INC. (City, State, County Number, Zip Code) And Class (Example C/K) YK 437/7
728/2 Q ST. LINCOLN, NE 60500 Lancaster Co.
4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
728 1/2 Q. ST. LINCOLN, NE Lancaster Co. 68508
5 le thie PDFMISE
5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? YES INO
6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
The state of the state of the premises his which the needs is requisited.
belmax Nr. 7281/2 Q St. LINIOLN, NE 69508 D.B.A. N-ZONE
7. Figure 11st the name and telephone number of the primary event supervisor, who will actually be researched the location of the most on the
in occurs, that can be contacted by law contineed before and during the event, and who is responsible for ensuring that any applicable layer
ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.
MIKE MCCARN CHERYL MCCARTY 402-475-8683
8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
September 1 2001
PLEASE INDICATE AN ALTERNATE DATE OF LOCATION BY THE TIME OF THE PARTY
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:
9. Time(s) of event (example 8am to 1am, this is considered one day)
FROM: BAM. TO: A.M.
10 Describe the Type of Agricus to a confident to the con
10. Describe the Type of Activity to be carried on during the time period for which the license is requested. Outdoor Food & Beverage Seance
11. Provide an estimated number of attendees at this event 100 - 200. If the number of attendees is over 250 and 1
indicating the steps that will be taken to prevent underage persons access to alcoholic beverages. 21 - OVER EVENT
12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER
is at a licable, and a local law enforcement has been informed in abvance of this formet and if they
ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR. ON - FILE
13. List the number of SDL's that you have applied for at this specific location in the last six months.
and the manner of Size 5 that you have applied for at this specific location in the last six months.

CONTINUE ON BACK

PLEASE TYPE OR PRINT APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

APPLICATION FOR SPECIAL DESIGNATED LICENSE NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046, Lincoln NE 66509

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
A license ice of \$40 (payable to Nebraska Liquor Control Commission) for each day
LOCAL APPROVAL must be included with this application
□ A Signed Statement from Local Police Chief × County Sheriff (question #12)
INON PROFIT CORPORATION MUST include a letter from the TRS declaring that the corporation is exempt from payment of federal income tax recurs, as filed with the IRS, or a statement (Page 3) signed by an officer
of the conversion declaring that the copy of the tax return is a true and correct copy as filed with the IRS
1. Type of Beverage(s) to be served: B-Beer Wine Distilled Spirits
2. Status of the Applicant (check one) Public
□ Municipal □ Political □ Fine Arts □ Fraternal □ Religious □ Charitable □ Retail □ Service
Corporation Corporation Museum Corporation Corporation Corporation Licensee Corporation
3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number (City State County Number Zin Code) And Class (Example COO)
Gelmy INC. (City, State, County Number, Zip Code) And Class (Example C/K)
728 /2 Q ST. LINCOLN, NE 60500 Lancaster Co.
4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
728/2 Q. ST. LINCOLN, NE Lancaster Co. 68508
5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? YES PNO
6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
beenax Nr. 7281/2 Q St. LINCOLN, NE 60500 D.BA. N-ZONE
7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when
it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws,
ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.
MIKE MCCARN / CHERYL MCCARTY 402-475-8683
8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
September 8th 2001
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:
9. Time(s) of event (example Sum to 1am, this is considered one day)
FROM: BAM. TO: AM.
10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
OUTDOOR FOOD & BEVERALL SERVICE
11. Provide an estimated number of amendees at this event 100-200. If the number of attendees is over 250 attach a separate page
indicating the steps that will be taken to prevent underage persons access to alcoholic beverages. 21 & OVER EVENT
12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER
is applicable, that local law enforcement has been informed in advance of this event, and if they
ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR. ON - FILE
13. List the number of SDL's that you have applied for at this specific location in the last six months.

CONTINUE ON BACK

PLEASE TYPE OR PRINT APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

APPLICATION FOR SPECIAL DESIGNATED LICENSE NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95646, Lincoln NE 68509

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

A1-087260

All Applications must be received in the Commission Office 10 working days (excluding helidays) prior to the date of the event
The state of the s
To second for the Application Netraska Limin Control Commission) for each description
C LOCAL APTROVAL must be included with this application
A Signed Statement from Local Police Chief or County Sheriff (question #12)
D NON PROFIT CORPORATION MUST include a letter from the TRS declaring that the community is
of the corporation deciaring that the copy of the tax return is a true and correct copy as filed with the IRS
1. Type of Beverage(s) to be served: Beer Wine Distilled Spirits
2. Status of the Applicant (check one)
☐ Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Retail ☐ Sensine
Corporation Corporation Corporation Corporation Corporation Corporation
3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, after licensee number
Glemax INC. (City, State, County Number, Zip Code) And Class (Example C/K) C/K 437/7
728 /2 Q ST. LINEOLN, NE 69508 Lancaster Co.
4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
728 /2 Q. ST. LINCOLN, NE Lancaster Co. 68508
5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? YES INO
6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
DELMAX NO. 7281/2 Q St. LINCOLN, NE 68508 D.B.A. N-ZONE
/. Flower that the name and selephone number of the trimery event supervisor who will acquait he research to the leaving of the
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ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.
MIKE MCCAPN / CHERYL MCCARTY 402-475-8683
8. DATE(S) OF EVENT (If a Sunday, strach local Sunday Sales Ordinance and hours of consumption.)
September 15 2001
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN 13-1E EVENT OF BAD WEATHER:
9. Time(s) of event (example 8am to 1am, this is considered one day)
FROM: BAM. TO: /A.M.
10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
11. Provide an extingted number of amendees at this event 100-200. If the number of amendees is over 250 attach a separate page indicating the stars that will be able to the stars that w
indicating the steps that will be taken to prevent underage persons access to alcoholic beverages. 21 OVER EVENT
12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER
IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY
ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR. ON - FILE
13. List the number of SDL's that you have applied for at this specific location in the last six months.
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FILEASE TYPE OR PRINT APPLICANT MUST COMPLETE ALL SUCTIONS OF THIS FORM

APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Bez 95046, Lincoln NE 68509

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ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

A1-087262

4. Address of location of premises to be covered by license, (City, County Number, Zip Code) 720/2 Q. ST. LINCOLN, NE Lancaster Co. 60500 5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? YES INO 6. Name and Address of owner or leases and name of principal occupant of the premises for which the license is requested. 6. Name and Address of owner or leases and name of principal occupant of the premises for which the license is requested. 6. Name and Address of owner or leases and name of principal occupant of the premises for which the license is requested. 6. Name and Address of owner or leases and name of principal occupant of the premises for which the license is requested. 7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the of occurs, that can be connected by law enforcement before and charing the event, and who is responsible for ensuring that any applications are adhered to. Supervisor must rigo on page 2. MILE MCAPIN CHERRY MCAPIN HOW ACTUAL HOW - 475 - 6603 8. DATE(S) OF EVENT (If a Sunday, stach local Sunday Sales Ordinance and hours of consumption.) OCTOBER 64 M. TO: A M. 10. Describe the Type of Activity to be carried on during the time period for which the license is requested. OUT ONLY FROM: B Am. TO: A M. 11. Provide an estimated number of attendees at this event 100 - 200. If the number of attendees is over 250 attendes is the second.	
FREMAL NC. (City, State, County Number, Zip Code) And Class (Example CR) Address of location of premises to be covered by license, (City, County Number, Zip Code) 720 1/2 Q. ST. LINCOLN, NE Lancaster Co. 69509 5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? YES INO 5. Name and Address of coverer or leases and name of principal occupant of the premises for which the license is requested. FREMAL NC. 728 1/2 Q St. LINCOLN, NE 69509 DBA. No. 7. Please list the name and telephone manufer of the primary event supervisor, who will actually be present at the location of the occurs, that can be contacted by isw enforcement before and during the event, and who is responsible for ensuring that any applications, rules and regulations are adhered to. Supervisor must sign as page 2. MIKE MCARTY CHRHL MCARTY 402 475 6683 DATE(S) OF EVENT (If a Sunday, strach local Sunday Sales Ordinance and hours of consumption.) OCTOBER OF DATE OR LOCATION IN THE EVENT OF BAD WEATHER: Time(s) of event (example 8am to 1sm, this is considered one day) FROM: BAM. TO: AM. 10. Describe the Type of Activity to be carried on during the time period for which the license is requested. **DURLANDER** FROM: Full Activity to be carried on during the time period for which the license is requested. **DURLANDER** FROM: Full Activity to be carried on during the time period for which the license is requested. **DURLANDER** FROM: Full Activity to be carried on during the time period for which the license is requested. **DURLANDER** FROM: Full Activity to be carried on during the time period for which the license is requested. **DURLANDER** FROM: Full Activity to be carried on during the time period for which the license is requested. **DURLANDER** From the summer of attendees at this event (202 - 202). If the number of attendees is over 250 attendes at this event.	
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5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? YES No. Name and Address of currer or leases and name of principal occupant of the premises for which the license is requested. THE ACT NO. THE STORY ACT ACT THE STORY THE STO	
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MIKE MCARTY CHERYL MCCARTY 402-475-6683 DATE(S) OF EVENT (if a Sunday, strach local Sunday Sales Ordinance and hours of consumption.) October 6th 200 LEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER: Time(s) of event (example 8am to 1 am, this is considered one day) FROM: 8 Am. TO: Am. Describe the Type of Activity to be carried on during the time period for which the license is requested. Outdool Food & Reverse Shared 1. Provide an estimated number of attendees at this event 100-200. If the number of attendees is over 250 attach a sense to	event wh
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APPLICATION FOR SPECIAL DESIGNATED LICENSE NEBRASKA LIQUOR CONTROL COMMISSION

KA LIQUOR CONTROL COMMISSION
P.O. Box 95046, Lincoln NE 68509

182 A1-087263.

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

TAIL Applications must be present in the Commission Office 10 and
All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission
☐ A license fee of \$40 (payable to Nebraska Liquer Control Commission) for each day ☐ LOCAL APPROVAL must be included with this application
A Signed Statement from Local Police Chief or County Sheriff (question #12)
CI NON PROPER CORPOR ATTOR ACTOR ACT
ONON PROFIT CORPORATION MUST include a letter from the IRS doclaring that the corporation is exempt from payment of federal
income inner, or a copy of the corporation's federal income tax return, as filled with the IRS, or a statement (Page 3) signed by an officer
of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS
1. Type of Beverage(s) to be served: Beer Wine Distilled Spirits
2. Status of the Applicant (check one)
☐ Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Retail ☐ Service
Corporation Corporation Museum Corporation Corporation Corporation Corporation
3. Name and Address of Cornoration, Organization of Licenses companies Remove To Manager Liverses
Gelmax INC. (City, State, County Number, Zip Code) And Class (Example C/K) Ck 43717
728 /2 Q ST. LINCOLN, NE 68508 Lancaster Co.
4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
774/4 /
728 /2 Q. ST. LINCOLN, NE Lancaster Co. 68508
5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? YES INO
6. Name and Address of gamer or lesses and annual fine ann
6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
GELMAX NC. 728/2 Q St. LINCOLN, NE 68508 DBA. N-ZONE
/. Please ust the name and telephone number of the primary event supervisor, who will senselly be appeared at the location of the
" occurs, that can be contained by the contact before and christs the event, and who is transpositive for accurate that any armive that any
ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.
MIKE MCCARN CHERYL MCCARINI 402-475-8683
8. DATE(S) OF EVENT (If a Sunday, strach local Standay Sales Ordinance and hours of consumption.)
October 20th 2001
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:
THE EVENT OF BAD WEATHER:
9. Time(s) of event (example sum to lam, this is considered one day)
FROM: BAM. TO: A.M.
10. Describe the Type of Activity to be carried on during the time period for which the license is requested. (Utable Food & Burrale Servel
11. Provide an estimated number of attendees at this event 100-200. If the number of attendees is over 250 attach a separate page
indicating the steps that will be taken to prevent underage persons access to alcoholic beverages. 21 - OVER EVENT
12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER
IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY
ARR FW INDIES AND DESCRIPTUE EURDE CURTE D'ARRAGANA
- PICE
13. List the number of SDL's that you have applied for at this specific location in the last six months.

CONTINUE ON BACK

PLEASE TYPE OR PRINT APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046, Lincoln NE 68509

183

A1-087264

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

Ali Applications must be received in the Commission Office 10 working days (excluding bolidays) prior to the date of the event
Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebrasica Liquor Commission
A license fee of \$40 (payable to Neimaska Liquor Control Commission) for each day
☐ LOCAL APPROVAL must be included with this application
A Signed Statement from Local Police Chief or County Shcriff (question #12)
I NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal
income taxes, or a copy of the corporation's federal income tax return, as filled with the IRS, or a statement (Page 3) signed by an officer
of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS
1. Type of Beverage(s) to be served: Beer Wine Distilled Spirits
2. Status of the Applicant (check one) Public
☐ Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ※ Retail ☐ Service
Corporation Corporation Museum Corporation Corporation Corporation Licensee Corporation
3. Name and Address of Corporation, Organization or Licensee obtaining license. If Recessee, give license aumber
Gelmax Inc. (City, State, County Number, Zip Code) And Class (Example C/K) CK 43717
728 1/2 Q ST. LINCOLN, NE 68500 Lancaster Co.
4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
7201/2 Q. ST. LINCOLN, NE Lancaster Co. 68508
5. Is this PREMISE currently licensed under the Nebreska Liquor Control Act? YES UNO
6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
beenax Nr. 7281/2 Q St. LINION, NE 68508 DBA. N-ZONE
7. Please list the name and selephone number of the primary event supervisor, who will actually be present at the location of the event when
it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.
MIKE MC/ARN / CHERKL MC/ARN 402-475-8683
8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
October 27th 2001
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:
THE EVENT OF BAD WEATHER:
9. Time(s) of event (example Sam to 1 am, this is considered one day)
FROM: BAM. TO: /A.M.
10. Describe the Type of Activity to be carried on during the time period for which the license is requested. Outdook FOOD & Beverage Segrice
11. Provide an estimated number of attendees at this event /00 - 200. If the number of attendees is over 250 attach a security page.
indicating the steps that will be taken to prevent underage persons access to alcoholic beverages. 21 = OVER EVENT
12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER
is applicable, that local law enforcement has been informed in advance of this event, and if they
ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR. ON - FILE
13. List the number of SDL's that you have applied for at this specific location in the last six months.
CONTINUE ON BACK

FORM 35-4121 REV 9/00 PAGE 1

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PLEASE TY/E OR PRINT APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046, Lincoln NE 68509

784

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

A1-087265

All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event
☐ Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission ☐ A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
□ LOCAL APPROVAL must be included with this application
A Signed Statement from Local Police Chief or County Sheriff (question #12)
INON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal
income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS
1. Type of Beverage(s) to be served: Beer Wine Distilled Spirits Status of the Applicant (check one)
DAMAGE DE MARIE DE LA PROPERTIE DE LA PROPERTI
Corporation Composition Management Community of the Commu
3. Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number
(City, State, County Number, Zip Code) And Class (Example C/K)
4. Address or location of premises to be covered by license, (City, County Number, Zip Code)
TABIZ Q ST. LINCOLN, NE. LANCASTER CO. 68508
5. Is this PREMISE currently licensed under the Nebraska Liquor Control Act? RES D NO
6. Name and Address of current or larges and name Control
6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
THANK INT, 728 1/2 Q St. LINCOLN, NE 60500 DBA N-ZONE
1. I lease use the lease and telephone animals of the fittingly event supervisor, who will actually he research at the lease of the
it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.
8. DATE(S) OF EVENT (If a Sunday, anach local Sunday Sales Ordinance and hours of consumption.)
16/31/21 (1/10/0)
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:
9. Time(s) of event (example 8am to 1am, this is considered one day)
FROM: 84 m TO: 14 m
10. Describe the Type of Activity to be carried on during the time period for which the license is requested.
II Print of the Septile
indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.
12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OF COUNTY SUPPLIES WAIGUESTED
IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.
13. List the number of SDL's that you have applied for at this specific location in the last six months.
Jes and application at this spectric incation in the first six months,

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